

A leave of absence is time that you had authorization from your employer to be absent from some or all of your duties. This may be time you took for maternity or paternity, temporary disability, educational, service, or sabbatical purposes. To be eligible to purchase service credit for this time, you must have returned to CalPERS-covered employment or retired after the leave of absence.

Who's Eligible?

You MAY be able to purchase service credit for a leave of absence if you're an:

- active or inactive CalPERS member (with the exception of maternity/paternity and temporary disability leave, which are available to all members, eligibility depends on type of leave and employer contract).

You CANNOT purchase service credit for a leave of absence if:

- the leave was not approved by your employer;
- this option is not part of your employer's contract with CalPERS; or
- you are retired.

What's Required?

Maternity/Paternity Leave - Time off after the birth or adoption of a child

- you must return to CalPERS-covered employment at the end of the approved leave, and remain in CalPERS-covered employment at least the same amount of time as the leave;
- you can purchase up to 12 months per leave; and
- you cannot purchase additional service if you have already earned a full year of credit (10 full-time months) during that fiscal year (July 1 - June 30).

Temporary Disability Leave - Time off while receiving temporary disability payments because of a job-related injury or illness

- you must either return to active CalPERS membership or retire; and
- there is no limit to the amount of time you may purchase.

Educational Leave of Absence - Time off to pursue higher education

- you must be a State, University of California, or California State University employee both before and on your return from the leave; and
- you may purchase a maximum of two years' service credit (even if the combined total of your educational leaves exceeds two years).

Service Leave - Time off to work with a college or university; a local, State, federal, or foreign government agency; or certain nonprofit organizations

- you must be an active or inactive CalPERS member;
- you may purchase a maximum of two years' credit for EACH service leave; and
- you must return to CalPERS-covered employment or immediately retire after your leave of absence (however, you must request cost information *prior* to retirement).

By law, some service leaves of absence are not eligible for CalPERS service credit, even if the employer gives prior approval.

Sabbatical Leave - A partially compensated leave of absence from CalPERS-covered employment

- you must be an active or inactive CalPERS member;
- there is no maximum time you may purchase; and
- you must return to CalPERS-covered employment or immediately retire after your leave of absence (however, you must request cost information *prior* to retirement).

What's the Cost?

Maternity/Paternity, Educational, Service and Sabbatical Leaves

The cost to purchase this service credit is calculated using a "present value" method, which is based on a pay rate which would provide the best estimate of the potential future final compensation figure usable at retirement. We look at the projected retirement benefit increase you can expect to receive from this additional service credit (at retirement, disability, death, or other termination from employment). Then, we convert that to a lump sum cost in today's dollars.

Determining the increase to your future benefits involves a number of actuarial assumptions, including projected age at retirement, life expectancy, and the probability that some may never receive a service retirement benefit but instead become disabled, die, or terminate their CalPERS membership. These probabilities are the same assumptions used to ensure all our benefits are adequately funded.

The actuarial tables used in this process are updated as needed due to existing benefit changes, new benefits mandated by law, changes in retirement assumptions to reflect our current best estimate of retirement patterns, or other actuarial factors.

Remember, your election to purchase service credit is irrevocable. Once your election purchase is processed, any future changes to these assumption factors will not affect the cost of your service credit purchase.

State and school members can use the on-line Service Credit Cost Estimator on the CalPERS web site (www.calpers.ca.gov) to get an idea of the cost of purchasing this service. Because the calculation is more complex for public agency members, the Estimator cannot do this calculation.

Temporary Disability Leave

The cost is based on your payrate and contribution rate as of your *return* from the leave or the day *prior* to your leave if you immediately retire. CalPERS interest is calculated from this date through the date you make the purchase.

What's Next?

Gather your employment history information for the time prior to your leave. Fill out Section A of the form according to the steps for requesting service credit cost information. For temporary disability leaves, the employer will then forward the form to the compensation carrier that provided you the temporary disability benefits for completion of Section C.

Steps for Requesting Service Credit Cost Information

Step 1

Complete Section A of the request form.

If we have provided cost information to you in the past for this type of service credit purchase, check the "Yes" box and indicate the date your request was submitted. If you have submitted a retirement application, check the "Yes" box and indicate your planned retirement date.

- Part 1 Complete your current mailing information.
- Part 2 Provide information about the employer that granted you the leave.
- Part 3 Indicate dates and type of leave.
- Part 4 Sign and date the request form.

Step 2

Give the form to the employer that granted you the leave to complete Section B (and to forward it to the compensation carrier for completion of Section C, as appropriate). When you receive it back, continue to Step 3.

Step 3

Submit the completed request form.

- Make a copy for your records.
- Mail the original to the CalPERS address listed on the form.



Request for Service Credit Cost Information Leave of Absence

Telecommunications Device for the Deaf: (916) 795-3240 • (888) CalPERS (225-7377)

Section 1

Information About You

Have you requested this cost information before? ☐ No ☐ Yes, date requested _____
Date (mm/dd/yyyy)

Have you submitted a retirement application? ☐ No ☐ Yes, retirement date is _____
Date (mm/dd/yyyy)

Name Social Security Number

Former Name (if applicable) Current Employer

Address

City State ZIP Daytime Phone

Section 2

Employment Information

List the name and address
of the employer that
granted the leave.

Employer

Address

City State ZIP

Types of Leave are
Maternity/Paternity,
Educational, Service,
Sabbatical,
Temporary disability.

Dates of Leave From (mm/dd/yyyy) To (mm/dd/yyyy) ☐ Maternity/Paternity ☐ Educational ☐ Service ☐ Sabbatical ☐ Temporary Disability
Type/Purpose of Leave

Dates of Leave From (mm/dd/yyyy) To (mm/dd/yyyy) ☐ Maternity/Paternity ☐ Educational ☐ Service ☐ Sabbatical ☐ Temporary Disability
Type/Purpose of Leave

Dates of Leave From (mm/dd/yyyy) To (mm/dd/yyyy) ☐ Maternity/Paternity ☐ Educational ☐ Service ☐ Sabbatical ☐ Temporary Disability
Type/Purpose of Leave

Dates of Leave From (mm/dd/yyyy) To (mm/dd/yyyy) ☐ Maternity/Paternity ☐ Educational ☐ Service ☐ Sabbatical ☐ Temporary Disability
Type/Purpose of Leave

Section 3

Certification

Sign and date the request
form and give it to the
employer that granted the
leave for completion of
Section 4 (and for routing
to compensation carrier to
complete Sections 5 and 6,
as appropriate) before
returning to CalPERS.

Member Signature Date (mm/dd/yyyy)

Section 4

Leave of Absence Certification (to be completed by employer)

Employer: Please return the
completed form to
the member or forward
it to the member's
Workers' Compensation
carrier, as appropriate.

Dates of Leave From (mm/dd/yyyy) To (mm/dd/yyyy) ☐ Maternity/Paternity ☐ Educational ☐ Service ☐ Sabbatical ☐ Temporary Disability
Type/Purpose of Leave

I hereby certify that the above information is true and correct.

Employer Signature Title Date (mm/dd/yyyy)

Printed Name Phone FAX

Member Name

Social Security Number

Section 5

Temporary Disability Leave of Absence Certification

This section is to be completed by the Workers' Compensation carrier that provides temporary disability benefits.

* If there was more than one temporary disability leave period, provide claim number and dates for each.

Workers' Compensation Carrier Information

Name of Employer's Disability Carrier

Carrier's Address

Carrier's Phone Number

Employee's Claim Number*

Beginning Date of Temporary Disability Payments (mm/dd/yyyy)

Ending Date of Payments (mm/dd/yyyy)

Effective Date of Permanent Disability Rating*

Was there a settlement by Compromise and Release? ☐ No ☐ Yes, copied provided.

Section 6

Workers' Compensation Carrier: Please return the completed form to the member.

Signature of Authorized Workers' Compensation Carrier Representative

I hereby certify that the above information is true and correct.

Carrier Signature

Date (mm/dd/yyyy)

Printed Name

Title

Mail to:

CalPERS Member Services Division • P.O. Box 4000, Sacramento, California 95812-4000